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From: Barry S. Wilson

Date: December 23, 2004

Client/Matter No: 065334-0111

User ID No: 3067

MESSAGE:

Re:

U.S. Patent Application No. 10/620,271

Our Ref.:

065334-0111

Attached please find:

- Transmittal (2 pgs.); Duplicate copy attached
- Response (7 pgs.);
- Terminal Disclaimer (3 pgs.);
- Authorization to charge Deposit Account No. 50-0872 any fees due.

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Operator:	Time Sent:	Return Original To:
•		rotan ongha ro.
		Germaine Sarda
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Atty. Dkt. No. 065334-0111

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Iacob Mathiesen

Title:

METHOD FOR MUSCLE

DELIVERY OF DRUGS,

NUCLEIC ACIDS AND OTHER

COMPOUNDS

Appl. No.:

10/620,271

Filing Date: 7/14/2003

Examiner:

Unknown

Art Unit:

3762

CERTIFICATE OF FACSIMILE TRANSMISSION

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United States Fatent and Trademurk Office, Alexandria, Virginia on the date below.

Germaine Sarda (Printed Name)

December 23, 2004

(Date of Deposit)

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AMENDMENT TRANSMITTAL

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith are the following:

[X] Response (7 pages).

[X]Terminal Disclaimer (3 pages).

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	34	-	34	=	0	х	\$50.00	=	\$0.00
Independent Claims:	4	-	4	=	0	x	\$200.00	=	\$0.00
First p	resentation	of any	y Multiple I	Depen	dent Claims:	+	\$360.00	= '	\$0.00
					CLAIMS	FE	E TOTAL	=	\$0.00

Atty. Dkt. No. 065334-0111

[X] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d): \$130.00 CLAIMS; EXTENSION AND DISCLAIMER FEE TOTAL: \$130.00 [X] Small Entity Fees Apply (subtract ½ of above): \$65.00 TOTAL FEE: \$65.00

- [X] Please charge Deposit Account No. 50-0872 in the amount of \$65.00. A duplicate copy of this transmittal is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date December 23, 2004

FOLEY & LARDNER LLP Customer Number: 30542

Telephone: (858) 847-6722

Facsimile: (858) 792-6773

Barry S. Wilson

Attorney for Applicant

Registration No. 39,431

FOLEY 8587926773

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NO. 1903 P. 4

DEC 2 3 2004

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Independent Claims:	4	-	4	=	0	x	\$200.00	=	\$0.00
First p	resentation	of any	y Multiple I	Depen	dent Claims:	+	\$360.00	=	\$0.00
					CLAIMS	FEI	E TOTAL	_	\$0.00

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RESPONSE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

This communication is responsive to the Office Action mailed October 4, 2004.

The claims begin on page 2. Remarks begin on page 7.